

RESULTS OF THE ASSESSMENT OF THE DEGREE OF DEPENDENCE FOR GRANTING THE PERSONAL CARE ALLOWANCE BASED ON THE FUNCTIONAL EVALUATION OF THE BASIC LIVING NEEDS OF PERSONS OLDER THAN 18 YEARS

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Abstract

This article introduces the results of an assessment regarding the “degree of dependence” for the personal care allowance based on the new assessment medical criteria that went into effect in January 2012, according to the Social Services Act in the Czech Republic. Medical assessments regarding the degree of personal dependence were published after more than two years of evaluating various functional disabilities. The results show a significant increase in the number of assessed and recognized degrees of dependence in 2012 and 2013. In conclusion, the authors emphasize that the assessment process should be accompanied by an extended ergo-diagnostic assessment of functional disabilities and in addition, that elderly persons over 65 years of age should undergo a medical examination at least once every five years.

Key words: Medical Assessment Service; degree of dependence; care allowance

INTRODUCTION

Part of the social reform carried out in 2011, also involved a change in the manner of assessing the degree of dependence, which came into effect on January 1, 2012. Amendment to Act no. 366/2011 Coll. on social services and amendment by Decree no. 391/2011 Coll brought a new, more comprehensive and clearer system for assessing the degree of dependence regarding the personal care allowance. The basic principle is the ability to cope with basic living needs. A new method of assessing the degree of dependence is based on an evaluation regarding the ten basic necessities of life: mobility, orientation, communication, food, clothing and footwear, personal hygiene, exercising physiological needs,

health care, personal care and household activities and the total amount of 85 activities that are legislatively defined. The basic necessities of life represent all necessary acts of self-care and self-sufficiency that are of a daily nature, correspond with one's ability to live an independent life in his or her natural social environment and are common to all individuals regardless of their age, social status, and are objectifiable (Decree no. 505/2006 Coll., Act no. 108/2006 Coll., Čeledová et al. 2013, 2014).

MATERIAL AND METHODS

Basic necessities of life, in general, reflect all past acts of self-care and self-sufficiency. At the same time, it is

important to clarify assessment principles regarding the functional impact of the long-term medical condition, also taking into account the specifics of emergency care in case of individuals under 18 years of age. The degree of personal dependence is based on the general principles of the International Classification of Functioning, Disability and Health (ICF) and the concept of evaluating the Activity of Daily Living (ADL), which define the principles for assessment of personal dependence and principles of assessment of long-term unfavorable health conditions regarding the functional state of the organism (Čevela and Čeledová 2011, Čeledová et al. 2012, 2013b).

When assessing the degree of personal dependence, the medical assessors take into consideration findings issued by a provider of health care services, results of social inquiry and functional tests and results of his or her own investigation. This procedure ensures that there is both an objective and subjective evaluation of the applicant's functional disability and that these are harmonized (Čeledová and Čevela 2011).

Results of the assessment of degree of dependence of people over 18 years of age

Statistical data are obtained from the survey program of the Medical Assessment

Service (MAS) of the Czech Social Security Administration (CSSA) and the Ministry of Labour and Social Affairs (MLSA).

A statistical database of Testimonials by MAS CSSA enables us since 2010 to monitor the results of assessments concerning the degree of dependence in the distribution of the different grades (I–IV) and in relationship to the age of the individual being assessed, (i.e. persons over 18 years of age and persons under 18 years of age). The majority of the assessed group involves a working age population (20%) or people in advanced age (about 80%). This fact is consistent with the nature and mission of the care allowance. With age, the amount of polymorbidity increases. Processes of involution, degeneration, formation, and development of a number of so-called geriatric syndromes, and pathological changes connected with the loss of functional abilities, number of limitations and thus dependence and need for care, assistance or supervision of another person are also associated with senior citizens (Kalvach et al. 2008, Čevela et al. 2012, 2014, Zvoníková and Wernerová 2013). Table 1 shows the number of reports on the degree of dependence of people over 18 years of age in 2010–2013.

Table 1. Number of assessments of the degree of dependence of people over 18 years of age in 2010–2013

Year	Un-recognized	%	DD I	%	DD II	%	DD III	%	DD IV	%	Total	%
2010	22,227	17.1	35,524	27.4	31,776	24.5	22,639	17.4	17,682	13.6	129,848	100.0
2011	16,731	14.0	31,857	26.7	33,387	28.0	21,491	18.0	15,663	13.1	119,129	100.0
2012	20,890	15.1	36,318	26.3	34,879	25.2	27,034	19.6	19,062	13.8	138,183	100.0
2013	16,315	12.7	32,780	25.6	33,297	26.0	27,829	21.7	17,984	14.0	128,204	100.0

DD – degree of dependence

Source: program Testimonials MAS CSSA

Available data suggests that the assessment regarding the degree of personal dependence carried out according to a new paradigm issued in January 2012, led to a slight reduction in the proportion of cases

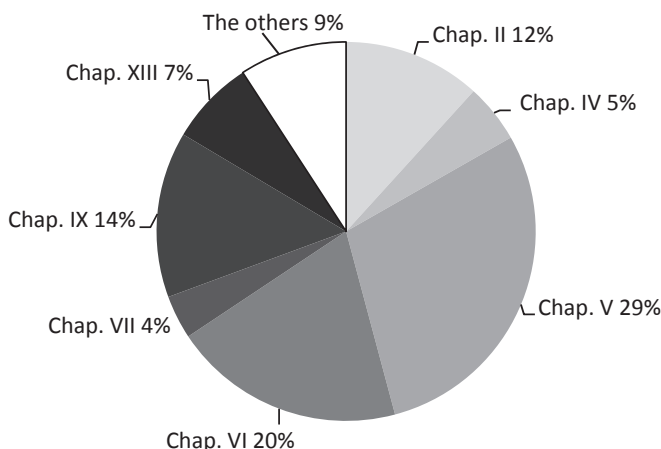
with an unrecognizable degree of dependence. This finding, however, cannot currently be considered entirely clear, since this trend was established in 2011 (i.e. before the amendment on the assessment of the degree

of dependence). Any variation between particular years and the degree of dependence in the range of 0.5 to 2% is, therefore, not considered significant. Fluctuation existed under the previous legislation and still does. In 2011, there was a 10% reduction in the amount of the care allowance recipients compared to 2010. When we compare 2013 to 2011, the number of recipients of the care allowance based on a recognized degree of dependence increased by about 5% (9,075 persons).

The most common medical causes of the degree of dependence among people over 18 years of age

Medical intervention allowed us to observe and recognize the degree of dependence in

order to determine whether the change in the method of assessing the degree of dependence affected, or did not affect the assessment of individuals with some form of disability, especially in case of people over 65 years of age. The following chart shows the proportion of individual disabilities that were the cause of the granted degree of dependence. We proceeded according to diagnostic groups based on the 10th revision of the International Classification of Diseases. Groups are also divided according to age (persons between 18–65 years of age and older than 65 years), see Charts 1 and 2.



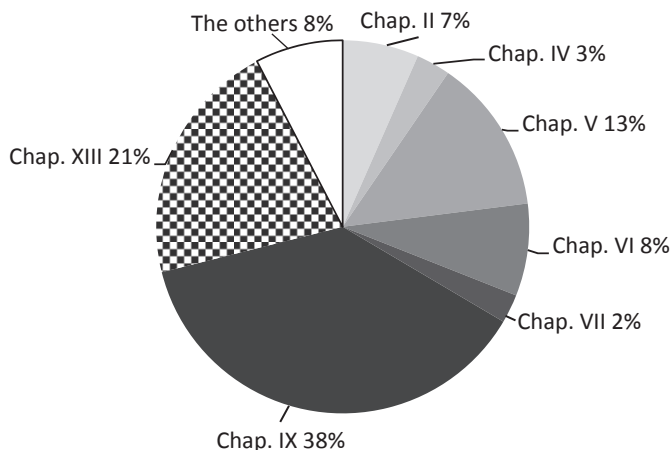
Explanation: chapter II: Neoplasms according to ICD-10; chapter IV: Endocrine, nutritional and metabolic diseases; chapter. V: Mental and behavioral disorders; chapter VI: Diseases of the nervous system; chapter VII: Diseases of the eye and adnexa; chapter IX: Diseases of the circulatory system; chapter XIII: Diseases of the musculoskeletal system and binders.

Source: program Testimonials MAS CSSA

Chart 1. The most common medical causes leading to granted degree of dependence among persons aged 18–65 years

The most common criteria regarding the basic degree of dependence of people between the ages of 18–65 are: mental and behavioral disorders (29%), neurological impairment (20%) and impairment of the circulatory system (14%). The most common causes of the general degree of dependence of people over the age of 65 are: impairment of the circulatory system (38%), diseases of

musculoskeletal system (21%) and mental and behavioral disorders (13%). The most common causes of specific health degree of dependence of people over the age of 18 are: atherosclerosis in 9–10%, polyarthrose (6.5–7%), chronic ischemic heart disease (5.5–6%), effects of cerebrovascular disease (stroke) 5%, vascular dementia (4.5%) and mental disorders in 4.5%.



Explanation: chapter II: Neoplasms according to ICD-10; chapter IV: Endocrine, nutritional and metabolic diseases; chapter V: Mental and behavioral disorders; chapter VI: Diseases of the nervous system; chapter VII: Diseases of the eye and adnexa; chapter IX: Diseases of the circulatory system; chapter XIII: Diseases of the musculoskeletal system and binders.

Source: program Testimonials MAS CSSA

Chart 2. The most common medical causes leading to the granted degree of dependence among persons over 65 years of age

Changing the method of assessing the degree of personal dependence did not affect the proportion of health reasons leading to granting degree of dependence of individual groups with specific disabilities. Fluctuation (in the years 2010–2013) was in the range of 1–3% according to the various chapters of ICD 10.

Changes in the assessment of degree of dependence in control medical examinations

We also focused on the overall changes in the outcome of the assessment of degree of personal dependence during regular medical examinations (the so-called changing factors regarding the degree of dependence), regardless of the age of the individuals being examined. This statistic can be observed only after a repeated medical assessment regarding granting of the personal care allowance. Thus, it affects people who have an expired review of the degree of dependence. In 2011, there were about 133,000 medical opinions issued on the degree of dependence. In 2013, the number increased to 144,000 assessments. 55% of these reports were considered to be

fact-finding examinations (the first medical opinion) and about 45% of inspections were carried out because the previous assessment of the degree of dependence had expired. Limited expiry of the MAS report (e.g. 1 year, 3 or 5 years) is determined on the basis of a medical finding concerning any of the following:

- treatment has not been completed and therefore rehabilitation and changes in personal health status are possible;
- where, according to medical science, improvements or deterioration are expected and thus also changes the degree of dependence;
- in situations where medical prognosis is not clear;
- in conditions where it is expected that the age of the child, it's education and training will enable them to cope with their basic living needs.

With people who have both clear and stable consequences of a disability, the level of which will not change in the long term, the assessment expiry is permanently determined. Table 2 shows changes in the

assessments of the degree of dependence after control medical examinations (CME) during the years 2011 to 2013, regardless of the age of the individual being examined. The obtained data which shows that after the control medical examination, which determines the degree of dependence for the purpose of further entitlement to health care services. The degree of dependence is most

often maintained or increased. The number and proportion of cases in which there is a decrease in the degree of dependence are small and fluctuate each year between 10–11% of the cases, regardless of the legislation. The proportion of medical assessments where the degree of dependence is maintained is also relatively stable.

Table 2. Results of the degree of dependence after control medical examinations

Year	Numbers CME	No change DD	Increase DD	Reduction DD
2011	61,334	45%	44%	11%
2012	65,928	44%	45%	10%
2013	61,727	42%	48%	10%

DD – degree of dependence
CME – control medical examination

Source: program Testimonials MAS CSSA

DISCUSSION

The activities of the Medical Review Services of the District Social Security Administration (MAS DSSA) can be divided into three main areas: health assessment for purposes of non-insurance social systems, health assessment for purposes of social insurance systems and monitoring activities concerning health insurance. The number of opinions on the degree of personal dependence is, on average, 36% of all reports prepared by MAS DSSA per year, and 63% of all reports prepared for the non-insurance social security systems (Omová 2014). The assessment of the degree of dependence and disability assessments, are key components of the medical assessment services. The process of assessing the degree of dependence developed at the end of 2011, incorporated excessive information (128 operations), which sometimes overlapped or were of a similar nature. Some of them were also not objective (Ramianová and Zvoníková 2011). The system which was used did not provide a comprehensive view of the needs of people with disabilities, both in terms of an objective medical assessment of functional disorders, and in terms of a subjective assessment of their needs. The results of a two yearlong study using a new paradigm of assessing the degree of dependence, showed

that a functional assessment is a more general and objective approach in dealing with the needs of disabled individuals. The acquired data showed that a new way of assessing the degree of dependence used from January 1 2012, does not worsen the situation of people with disabilities. Due to the fact there was a significant proportion of seniors among the beneficiaries of the care allowance (approximately 75%), supplementing the assessment process with other members of the assessment team should also be considered. For example, occupational therapy could contribute to a greater objectification of a senior's functional impairment (Dvořáčková and Mojžíšová 2011, Formánková 2013).

It should also be taken into account, that when assessing the functional status of an elderly person, a wide range of standardized tests can be used. For seniors with slightly impaired activity and participation, there are fully sufficient, simple, and time-saving tests, such as the ADL (Activity of Daily Living) and MMSE (Mini-Mental State Examination) (Kalvach 2001, 2009, Kalvach and Holmerová 2008). During the assessor's evaluation, the functional assessment of an occupational therapist should have the same level of importance as the findings of a social worker. Occupational therapy is concerned with the environment in which a person lives and

works, and their social roles. In particular, it supports a person's ability to perform relevant activities independently, and if a person lacks the ability, it will recommend an appropriate compensation assistance tool. Supplementing the existing functional assessment with an ergo-diagnostic evaluation and subsequently targeted occupational therapy, would improve the quality of assessment activities and would also support the maintenance of the highest possible self-sufficiency of individuals, especially seniors. Comprehensive assessment evaluation regarding the degree of dependence of seniors (this is needed for social security and also respecting their individual needs) cannot occur without the results of ergo-diagnostics testing (Jelínková et al. 2009, Schönová and Kolar 2009, Weber et al. 2011, Dry 2013). In addition, the amount of the functional disability of movement system (21% of people aged 65 years and older) and disabilities of the nervous system (29% of those between 18–65 years of age) supports the need of the ergo-therapist as a member of the assessment team. The results of control medical examinations, in which only 10% of people reduced their degree of dependence, supports the belief that they could be carried out in five-year intervals, (e.g. among people older than 65 years).

CONCLUSION

The investigation has shown that the number of recipients of the personal care allowance who are older than 18 years and have granted degree of dependence, increased in 2013 by about 14,000, which was a 5% increase from 2011. During the years when previous assessment methods were used, the number of beneficiaries of the contribution stagnated,

and between 2010 and 2011, there was even a reduction of 10%. This data is verified by the personal care allowance expenses level, which in 2011 amounted to 18,084,000 CZK, in 2012 to 18,400,000 CZK, and in 2013 to 19,545,000 CZK. Expenditures on the care allowance in 2012 and 2013 increased by 1.146 billion CZK. From a health care point of view, (i.e. the medical causes of the degree of dependence), there were no changes after January 1, 2012 with persons over 18 years of age. The results confirm that after medical examinations measuring the degree of dependence for the purpose of further entitlement to the care allowance, the preservation of the degree of dependence and its increase occur in roughly the same number of cases. A reduced degree of dependence occurs only in 10% of the cases, apparently in situations where rehabilitation options have not been exhausted or when improvement in a patient's condition can be expected. Among the beneficiaries of the care allowance are most importantly (in 75% of cases) elderly people. Therefore, ergo-diagnostic assessment of functional disabilities, and a subsequent targeted occupational therapy, according to a senior's needs, should be included in the assessment process. This would most certainly contribute to the improvement of assessment activities and, at the same time, support maintaining the highest self-sufficiency level of all people, especially seniors. Not just for prognostic reasons, but also to reduce administrative burden and increase client-friendly approach, the authors support the implementation of control medical examinations for people over 65 years of age within five years of the assessment. This is because the authors believe that when a patient experiences health deterioration, he or she often requests a new assessment on their own.

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